

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		2				
13		2				
14		2				
15		1				
16		1				
17		1				
18		1				
19		1				
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30		1				
31		1				
32		1				
33		1				
34		1				
35		2				
36		1				
37		1				
38		1				
39		1				
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46						
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48						
49						
50						
TOTAL IND.	40					
TOTAL DEP.	3					
TOTAL CLAIMS	43					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						